

# MAX KADE - CLINICAL CLERKSHIP IN THE US APPLICATION FORM 2022/2023



## Your application must include:

- |  |   |
|--|---|
| <input type="checkbox"/> page 1: personal & professional information<br><input type="checkbox"/> page 2: elective selection and student attestation<br><input type="checkbox"/> page 3: medical school official certification<br><input type="checkbox"/> official copy of student transcript ( <i>in English</i> )<br><input type="checkbox"/> Letter of recommendation from University | <input type="checkbox"/> application essay<br><input type="checkbox"/> updated CV, including a photo.<br><input type="checkbox"/> copy of TOEFL score report (if requested)<br><input type="checkbox"/> USLME score sheet (if available)<br><input type="checkbox"/> proof of payment of € 60 application fee |
|--|---|

### Send Complete Application to:

American Austrian Foundation  
 Att.: The Max Kade Clinical Clerkship Program  
 Kärntner Straße 51/II./Top 4  
 1010 Vienna, Austria

### Please transfer € 60 application fee to the following Austrian bank account:

**Bank:** Spängler Bank  
**Account number:** 100180740  
**Recipient:** Salzburg Stiftung der American Austrian Foundation  
**BIC:** SPAEAT2S  
**IBAN:** AT621953000100180740

## I - Personal Information

1. **Name** (*First Name / Surname*)

2. **Gender**

Male  Female

3. **Home Address**

(*street, city, state, postal code, country*)

4. **Mobile Phone Number**

5. **Email Address (private)**

6. **Date & Place of Birth**

7. **Citizenship**

8. **First Language**

## II - Professional Information

9. **Medical School Name/Location**

10. **Degree you will earn** (*e.g. MD or MD/PhD*)

11. **Expected Graduation Date**

12. **TOEFL Score** (*enclose official score report*)

13. **English Skills** (*fluent; good; fair*)



<b>III - Elective Selection and Student Attestation</b>			
<b>To qualify for a clinical clerkship, the following core clerkships must be completed</b> (US-universities require 8 weeks for each core clerkships) - Please fill in details below			
<b>Core Clerkship</b>	<b>Duration (# of weeks)</b>	<b>Date Completed</b>	<b>Grade</b>
<b>Internal Medicine</b>			
<b>Obstetrics/Gynecology</b>			
<b>Pediatrics</b>			
<b>Psychiatry</b>			
<b>Surgery</b>			
<b>IV - Clerkship Requested: (state institution, subject &amp; time period)</b>			
<b>1<sup>st</sup> Choice:</b>			
<b>2<sup>nd</sup> Choice:</b>			
<b>3<sup>rd</sup> Choice:</b>			
<b>Date to Begin* Clinical Elective(s)</b> <i>(Electives must start and end on elective dates indicated on the host-institution's website. (If dates are not available, please state a time period that would be suitable for you.)</i>		<i>(month/day/year)</i>	
<b># of Months</b> <i>(two month maximum )</i>	1 month <input type="checkbox"/> 2 months <input type="checkbox"/>		
<b>V - Application Essay:</b>			
Please state the objectives you hope to achieve during the fellowship and their relevance to your career goals. (attach additional pages)			
<b>VI - Student Attestation – Please check each item and sign at the end of this section</b>			
<p><b>The information I have provided in my application form and all attachments is accurate. If I am accepted and enrolled, I...</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> will respect the confidential nature of all medical records and personally identifiable information related to patients.</li> <li><input type="checkbox"/> will act prudently within the limits of my knowledge, experience, and training; follow policies related to procedures and etiquette; and wear attire acceptable to the host university.</li> <li><input type="checkbox"/> shall respect all property belonging to the host university and its affiliated institutions and I understand that I will be responsible for the repair or replacement of any property damaged or destroyed by me.</li> <li><input type="checkbox"/> will be responsible for my own housing and transportation to and from the host university.</li> <li><input type="checkbox"/> understand that if I am unable to attend scheduled activities, I must notify the host university and the AAF Office.</li> <li><input type="checkbox"/> cancel the fellowship after the invitation letter was received, I will be obliged to refund the AAF for the full amount of the fellowship.</li> </ul>			
_____ <b>Signature</b>		_____ <b>Date</b>	



**VII - International Medical School Official Certification:**

For completion by Dean/Designated Official of student's home medical school

**STUDENT: Last Name :**

**First Name:**

This is to certify that the medical student named above is in good standing at this institution, that the information provided on pages 1 and 2 of this application is correct, and that the student does have our permission to enroll for a clinical clerkship in the US. The student has completed all required core clerkships (as noted on page 2).

**MEDICAL SCHOOL OFFICIAL:**

**Last Name :**

**First Name:**

**Official Title:**

**Email Address:**

**Medical School Name:**

**Location: (city/country)**

**Is instruction at your medical school in English? Yes  No**

*(if English is not the principal language of instruction, student's TOEFL exam results must be provided)*

\_\_\_\_\_  
*Signature of Medical School Official*

\_\_\_\_\_  
*Date*



## **Appendix**

### **Eligibility for Clinical Rotations**

Austrian medical students are eligible to complete a clinical clerkship in the US in their last year of medical school. Due to the elaborate selection process, candidates need to already apply one year before their final year of medical school. Please find all relevant dates and deadlines on our website.

During your stay in the US, it is obligatory that you are still enrolled at your home university. Therefore, it is only possible to complete the clinical rotation in the US prior to your graduation date at your home university.

### **Clinical Rotations Available to Eligible Students**

Our partner universities make an effort to provide the greatest possible variety of clinical rotations to the Austrian visiting medical students. Clinical clerkships are accessible to Max Kade students, it is not guaranteed however, that your preferences regarding subject and date of the clinical clerkship can always be considered. This depends on availability of the rotations and can only be decided by the host institutions.

### **Duration**

You can apply for a clinical clerkship at a US partner institution with duration of 1 month or 2 months (maximum). Exception: Clerkships at Weill Cornell Medical College are available for the duration of one month only! One subject course lasts approx. 1 month. If you apply for a clinical clerkship for 2 months, it is not possible to be selected for the same subject twice. Electives must start and end on elective dates as indicated on the host institutions' website.

### **Please note that in order to be considered for a Max Kade Clinical Rotation:**

1. You need to submit your application to the AAF office in Vienna
2. After being selected, you need to reapply at the assigned host institution.
3. Only after receiving official confirmation of your clerkship by the US host institution, you can start making flight and housing arrangements, apply for a visa and organize personal health care insurance for the US.

**Confirmation of your acceptance** for any given elective will be announced by the host institution latest 6 weeks prior to the beginning of each rotation.

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Incomplete applications or late submissions will not be considered!